



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Lance Himes/Director of Health

Pam Crank, Executive Director  
Richland Pregnancy Services  
1560 W. Fourth Street  
Mansfield, OH 44906

Dear Ms. Crank:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount of:

- Richland \$220.00
- Ashland \$47.00
- Crawford \$140.00
- Huron \$80.00
- Morrow \$0.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$487.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Himes', is written over a horizontal line.

Lance Himes  
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Richland Pregnancy Services
<b>OAKS Supplier Number &amp; Address Code</b>	
<b>Federal Tax ID Number</b>	
<b>Street Address</b>	
<b>City, State Zip code</b>	1560 W. Fourth St. Mansfield OH 44906
<b>County of Location Providing Services</b> <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Richland
<b>Address where ODH should Direct Payment</b>	1560 W. Fourth St. Mansfield OH 44906
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Ashland, Crawford, Huron, Morrow, Richland
<b>Name of Person and Title completing application</b>	Pam Crank, Executive Director
<b>Area Code/Phone Number</b>	419: 522-8863, ext. 200
<b>Email</b>	pam@richlandpregnancy.com

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. **By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5.23.18

Date

Pamela J. Crank

Signature of Person Completing Application

Pamela J. Crank, Executive Director

[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund  
Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)  
or 614.466.4634.

**Choose Life Fund Expenditure Form (SFY18)**  
**Report Period: June 1, 2017 through May 31, 2018**  
**Due June 1, 2018**

Agency Name	Richland Pregnancy Services			
Tax ID #	[REDACTED]			
Contact Name	Mam Cook			
Contact Phone #	419.522.8563, ext. 200			
Quarters	1st Quarter 6/1/17 Thru 8/30/17	2nd Quarter 9/1/17 thru 11/30/17	3rd Quarter 12/31/18 thru 2/28/18	4th Quarter 3/1/18 Thru 5/31/18
Carryover SFY 16 Amount				
Award Amount	1,888.00			
Material Needs of Pregnant Women at 60%	\$ -			
Clothing Costs	\$0.00			
Housing Costs	\$0.00			
Medical Care Costs	\$0.00			
Food Costs	\$0.00			
Utilities Costs	\$0.00			
Transportation Costs	\$0.00			
Other Costs (Explain)	(CAR SEATS) (12) \$0.00			
Total Material Costs	(\$0.00) (12) (\$0.00) (2)			
+/- Award Amount	\$ -			
Direct Costs at 40%	\$ -			
Counseling Costs	\$0.00			
Training Costs	\$0.00			
Advertising Costs	\$0.00			
Total Direct Costs	\$0.00			
+/- Award Amount	\$ -			
Total Award Minus Materials and Direct Costs	1,888.00 \$			
Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)	820.97 \$			
Refund Due ODDH (June 1, 2018)	0 \$			

755.20 - Adoption Allowance

820.97

820.97